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TITLE: Dietary Fat and Vitamin E in Prostate Cancer Risk Among
African Americans and West Africans: A Case Control
Study

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Washington, DC 20060

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13. ABSTRACT (Maximum 200 Words) The role of dietary fat and vitamin E in prostate cancer risk among African-Americans, African migrants and Africans is being investigated using a dietary assessment tool and by measuring plasma fatty acids and vitamin E in cases and controls. The FFQ appropriate for all three populations has been developed and is in the process of being computerized. 39 potential cases have been accrued into the study and 9 of them are histologically confirmed cases. Information about biopsy outcome will be collected by personal telephone contact. So far plasma collected from the participants is stored at -70 degrees and yet to be analyzed. Samples will be sent to the laboratory in batches of 30 (10 cases and 20 controls). 957 Black men attended the prostate cancer screenings in the year 2002 and they will be selected as age-matched controls of the confirmed cases. 862(90.0%) are between 40 - 79 years, 56(5.8%) are under 40 years, 7(0.7%) are above 80 and 32(3.3) did not report age. The study was advertised at prostate cancer screening events in the past year and this year advertisements will be in the local newspaper, radio and television to attract participation of newly diagnosed cases in the community.				
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Table of Contents

Cover.....	1
SF 298.....	2
Table of Contents.....	3
Introduction.....	4
Body.....	4
Key Research Accomplishments.....	7
Reportable Outcomes.....	8
Conclusions.....	9
References.....	
Appendices.....	
Results & Tables	
Consent Form	
Questionnaires	

INTRODUCTION:

This study has two major arms: The Washington DC protocol and the Nigerian protocol. The Washington DC arm of the study targeted African Americans and African migrants 40 years and older in the Washington metropolitan area. The main objective was to locate prostate cancer cases and select two community-based controls matched for age, zip code and country of origin such that both groups will be compared regarding their dietary risk factors for prostate cancer. The specific nutrients of interest are vitamin E and essential fatty acids. Food items of interest include dairy product, dietary fat, dietary supplements, fruits, vegetables, meat, fish and carbohydrate foods. There are two major sources of prostate cancer cases; referrals from urologists and as identified from hospital and community based prostate cancer screening activities.

Statement of Work:

Task 1

Hire research assistant and dietician. (1 – 3 months)

A study dietician with expertise in developing dietary assessment protocols for use in diverse populations has been identified. Dr. Teresita Hernandez agreed to work with the PI to develop dietary data collection and analysis tools in March 2002 and the contract was signed in April 2002.

A part-time research assistant was identified and hired, Claire Tay, and her responsibility is presently limited to data entry. She works under close supervision of the PI and is thus training to administer the questionnaire.

Task 2

Start-Up Phase and Plan Development (1 – 3 months)

Development of FFQ:

Starting with the FHCRC FFQ and the BLOCK FFQ, African food items were added under the appropriate food groups. The new food list was pilot tested with a few modification with regards to American foods, however the Nigerian collaborators advised that a separate listing of 'African soups and stews' be appended at the end of the study FFQ. They felt that there was a need to capture variation in the use of tomato and greens in cooking giving the recipe variations for soups and stews in that culture.

This completed study FFQ that is appropriate for Americans, African migrants and Africans was then handed over to the study dietician who is to prepare a computer based data entry tool. One of the first activities she undertook was to analyze one hundred 24-hour dietary recalls from an African population to inform on correct food grouping. (The 24-hour dietary recall was collected in a previous study from a Nigerian rural community by the PI in 2000)

Food Models:

Food models that were utilized in the previous study are being used in the old form as produced by PI. However the PI in collaboration with the dietician did prepare African recipes and record the equivalent weights of the different serving portions of 10 food items. Equivalent weights of food models used in the study can be determined by weighing appropriate serving portions of real food. Realistic colored pictures of serving portions of 10 major food items have been made. No attempt has been made to see if study participants prefer the pictures of serving models to the models and serving measures. In general participants relate better to picture serving portions of vegetables, rice and spaghetti rather than trying to relate to serving measures such as 'cup' or 'serving spoon'. The dietician will use the recorded weights of the equivalent serving portions of some of the foods in the pictures to develop the computer based nutrition program that will be used to calculate estimates of various nutrient intake.

Contacting Urologists/ Family Physician:

Nine urologists have been contacted and although they all appear to be willing to cooperate, referrals to the study have been low. I am yet to secure a list of black urologists in Washington metropolitan area as I do not want to send out mass invitations to all urologists at one time. This method was used two years ago and the response was very poor. My communication strategy is to meet selected urologists and secure their cooperation on an individual level. Presently 5 of the urologists have agreed to inform their patients about the study when they present with a diagnosis of prostate cancer.

All three family physicians already contacted in person are willing to inform men with abnormal PSA about the study, and one of them has sent me 2 participants already.

Community based recruiting:

A list of African American churches in DC and a list of African churches in DC metropolitan area is now available. Letters of introduction and study flyers were mailed out to churches on the lists. A listing of international food stores in the area was also compiled from the yellow pages and letters of invitation and flyers were mailed out advertising the study. Study flyers are regularly distributed at all prostate cancer screening activities totally 45 events in 2002.

Prostate cancer screening:

There are presently up to 3,400 names on the confidential register for the Howard University Hospital prostate cancer-screening program that includes place of birth, address, home or work telephone numbers and age. From this listing age matched controls of cases accrued will be contacted to see if they would like to participate in the study. We have not started recruiting controls for the study.

Task 3

Training: PI, Research Assistant and Dietician. (2 – 4 months)

The PI has completed the computer based research ethics, human subject protection, institutional review board requirements with regard informed consent and has been responsible for obtaining signed informed consent from participants.

Presently the PI makes the initial telephone contact with potential participants to secure their cooperation and to schedule study visits. The RA is yet to be trained to take over this function.

The PI is still administering the study instruments personally and the RA is yet to be trained on the study instruments. It is very important that the FFQ be administered as in the protocol and that the food models be utilized in a way that does not influence responses. Once the computer program is completed the RA will be trained to use it to interview and enter the dietary information.

Task 4.

Subject Recruitment and Data Collection in Washington DC. (4 – 30 months)

Washington DC:

Monthly prostate cancer screening at the Howard University Cancer Clinic was conducted throughout the year. Monthly outreach prostate cancer screening was also conducted throughout the year at health fairs, churches and shelters, making a total of 45 screening events in 2002, and a total of 1118 men were screened.

All 70 men with abnormal PSA in 2002 were invited to participate in the study by a letter and a personal telephone call by the PI and a visit was scheduled with those who were interested. Dietary and other epidemiological data has been collected from 39 men with abnormal PSA, some of whom are yet to have a prostate biopsy. There are 33 men from 2001 and 30 men from 2000 who have not been contacted. Anthropometric measurements, 30ml of blood and 5ml of urine has been collected from each participant and stored in microvials at -70 degree awaiting nutrient analysis.

The personal information, 24-hour recall, and the FFQ of the 39 participants is in the process of being entered into a database.

Task 5. & Task 6.: Data analysis and manuscript preparation has not started.

TECHNICAL AND UNEXPECTED DIFFICULTIES

Accruing study cases: Urologist referral versus screening referral:

The challenge in this study is to get prostate cancer cases referred to the study by physicians/urologists. On the whole I have 7 referrals from physicians/urologists. It would appear as if the doctors are more concerned with the issue of treatment at the point of diagnosis and do not want to bother the patient about a study just then. There is an obvious window of opportunity between diagnosis and the commencement of treatment, but I guess the patients are preoccupied with the diagnosis at that point in time. Prostate cancer cases from the cancer registry would most likely already be on treatment. Thus the strategy is to invite all men with

abnormal PSA to participate in the study and to wait for the outcome of their biopsy. The PI has also initiated a prostate cancer support group at Howard University Cancer Center and uses that platform to encourage men with abnormal PSA to see their urologists for a biopsy. The PI will be contacting the men who have participated in the study regarding their biopsy result. So far 4 men have reported negative biopsy and 3 men have reported positive biopsy.

There is a need to find out the administrative cost of doctors referring participants to the study. The PI has planned to look into this as it has been suggested that doctors may not have the time to talk about the study and their office staff may need to be compensated to do that. In order to accrue men with health insurance attempt is being made to approach one of the HMO's and see how study flyers can be displayed in their facility.

Nutrient composition database:

Existing dietary assessment programs and database in the US do not include African foods. The dietician is under contract to develop such a tool for collecting the data and for estimating the fatty-acid and vitamin E intake of individual participants. The dietician is working on the first half of the task. Meanwhile FFQ is collected on hard copy, entered into a database and will be transferred into the study data analysis program when available. Already the PI has quotations from existing nutrient analysis programs (BLOCK FFQ) that can also analyze the data once it is transferred onto the questionnaires before scanning.

DOD HSRRB approval for the Nigerian protocol:

Getting the Nigerian protocol through the DOD HSRRB should be completed before the end of the month. Meanwhile ground work has been completed to commence data collection in Nigeria. The PI has already identified a packaging company that sells product for safe international shipping of diagnostic samples.

KEY ACCOMPLISHMENTS:

1. This is one of the first studies to attempt a comparison between African Americans and Africans with regards their dietary prostate cancer risks.
2. The Howard University has already approved the study IRB for the second year.
3. A FFQ has been developed to capture up to 85% of food items consumed by both African-Americans and by Africans.
4. Simple food models have been developed and equivalent weights of serving portions recorded.
5. 24-hour recall database for a Nigerian rural community has been developed and the PI and Dietician are planning to publish the findings from that work.
6. The PI has maintained connection with the Kennedy Krieger research laboratories for nutrient analysis.
7. All men with abnormal prostate cancer screening are contacted and encouraged to visit their urologists and consider a prostate biopsy if indicated.
8. There was a media mention of this study and the PI in the Metro section of the Washington Post of Wednesday January 29th 2003 on the Millroy column, following

which there have been several calls from men interested as potential controls. Advertising the study in the Washington will attract participants.

9. 1000 pens bearing the study title and contact telephone number has been distributed and over 2000 flyers have also been distributed at over 40 screening events in the communities.

The study has met most of the set objectives for the first year:

1. Established partnership ties with the black community in the Washington area and in Nigeria.
2. Identified a cohort of 1118 African American and African men who are potential study cases and study controls.
3. Identify urologists/family physicians who are referring new cases to the study and others who are willing to encourage their patients to consider participation.
4. Completed demographic and dietary assessment information for 39 men.
5. Collected and stored plasma, serum, cells, clot and urine samples for laboratory analysis for 39 men.
6. Established a working relationship with a dietician who is experienced with developing dietary assessment tools for diverse populations.
7. A detailed FFQ has been development for the study.

REPORTABLE OUTCOME:

1. Serum, plasma, clot and cell repository for 39 persons.
2. Database (demographic and epidemiologic information) for 39 persons and prostate cancer screening database for 1118 persons.
3. The PI has made person appearances at prostate cancer screenings in over 25 churches and community health fairs.
4. That there are still men with PSA \geq 50ng/ml in the community means that there is a greet need to increase screening activities in the yet to be reached black communities. The PI intends to write a grant to accomplish this task.

CONCLUSION:

This is the first of a three year pilot project and the important strategies have been put in place to meet the study accrual numbers in the next 12-18 months for the Washington DC arm of the study. There is an urgent need to secure the DOD HSRRB approval for the Nigerian arm of the study so that data collection can start there as well. Collecting data from Nigeria would be faster once started.

1. The study participation incentive of about \$50 for each participant has been received well. Participants feel appreciated and willing to encourage others to participate.
2. There is need for more aggressive media exposure in the local newspapers and news letters, radio and television. Also the study flyer and a letter of introduction about the PI and the study will be mailed to 100 more churches within the next 3 months.
3. Family physicians are in a better position to refer cases to the study. By the time they get to the urologist the diagnosis has been concluded and the patients are more concerned with treatment plans rather than in research that does not bear direct benefits for their condition.
4. Establish a working relationship with an HMO so as to access their healthy population and their cases for the study.

Pilot Data: Tables and Results from Screening Program

Table 1

Distribution of all men screened in 2002 by RACE

Self-Identified RACE	N	%
BLACK	957	85.6
WHITE	90	8.1
SPANISH	22	2.0
ASIAN	18	1.6
OTHER	8	.7
NO ANSWER	22	2.1
Total	1118	100.0

There were 1118 screenings in the year 2002, 957 were black men and 102(97.1%) were African migrants. 831 of the black men were screening for the first time and 89 of these were African migrants.

Table 2

Distribution of the men who attended the screening program in 2002 by state

STATE	All Men N	%	Black Men N	%
DC	526	47.0	474	49.5
MD	485	43.4	420	43.9
VA	84	7.5	41	4.3
OTHERS	22	2.0	22	2.3
N/A	1	0.1	0	0
Total	1118	100.0	957	100.0

Table 3

Health Insurance status of men attending screening program

Insurance Status	All Men		Black Men	
	N	%	N	%
YES	704	63.0	607	63.4
NO	298	26.7	255	26.6
NO STATED	115	10.4	95	10.0
Total	1118	100.0	957	100.0

We have not investigated why insured men want to use this free opportunity. Very few of them are doing so because they already have an abnormal result. It is possible that their insurance does not cover PSA testing.

Table 4

Men Already diagnosed with prostate cancer attending the screening program

Prostate cancer diagnosis	All men		Black men	
	N	%	N	%
Yes	23	2.1	16	1.7
No	894	80.0	769	80.4
Don't Know	5	.4	2	.2
Not Stated	196	17.6	170	17.8
Total	1118	100.0	957	100.0

The study is designed to accrue untreated newly diagnosed men and men diagnosed with prostate cancer within the past year. The PI will contact these 16 men to see if they are eligible as cases in this study.

Table 5

Family history of prostate cancer among first degree relatives of men screened.

Family History of Prostate Cancer	All men		Black men	
	N	%	N	%
Yes	207	18.5	173	18.1
No	649	58.1	567	59.2
Don't Know	2	.2	0	0.0
Not Stated	260	23.3	217	22.7
Total	1118	100.0	957	100.0

The 173 men who have a family history of prostate cancer can be approached to encourage their family members in the DC area to come and screen for prostate cancer. They can also be asked to distribute study flyers to their male family members living in this area.

Table 6

The prostate status on DRE of men attending the screening program

DRE	All men		Black men	
	N	%	N	%
Normal	448	40.1	392	41.0
Abnormal / Suspicious	37	3.3	33	3.4
Enlarged	173	15.5	144	15.1
Known Prostate Cases (on treatment)	6	.6	5	.5
Not Done	454	40.6	383	40.0
Total	1118	100.0	957	100.0

Table 7

Age group of the men who attend the screening

Age	All men		Black men	
	N	%	N	%
18 - 29	2	.2	2	.2
30 - 39	59	5.3	54	5.6
40 - 49	357	31.9	319	33.3
50 - 59	374	33.5	321	33.5
60 - 69	199	17.8	163	17.0
70 - 79	78	7.0	59	6.2
80 - 89	8	.7	6	.6
90 - 100	3	.3	1	.1
Not Recorded	38	3.4	32	3.3
Total	1118	100.0	957	100.0

Table 8

PSA distribution of men attending the screening program

PSA (ng./ml.)	All men		Black men	
	N	%	N	%
0 – 2.4	918	82.1	794	83.0
2.5 – 3.9	76	6.8	62	6.5
4.0 – 9.9	66	5.9	54	5.6
10.0 – 49.9	17	1.5	12	1.3
>= 50	4	.4	4	.4
Not Recorded	37	3.3	31	3.2
Total	1118	100.0	957	100.0

Table 9

PSA distribution of the population screened by race

PSA ng/ml	RACE N (%)						TOTAL
	BLACK	WHITE	SPANISH	ASIAN	OTHER	NO ANSWER	
0 – 2.4	794 (85.7)	69 (82.1)	20 (90.9)	13 (72.2)	4 (50.0)	10 (83.3)	910 (85.0)
2.5 – 3.9	62 (6.7)	7 (8.3)	0	2 (11.1)	1 (12.5)	2 (16.7)	74 (6.9)
4.0- 9.9	54 (5.8)	5 (6.0)	1 (4.5)	3 (16.7)	2 (25.0)	0	65 (6.1)
10.0-49.9	12 (1.3)	3 (3.6)	1 (4.5)	0	1 (12.5)	0	17 (1.6)
>= 50	4 (0.4)	0	0	0	0	0	4 (0.4)
TOTAL	926	84	22	18	8	12	1070

Initials: _____
(Participant) (Witness) (Principal Investigator)

my body weight is fat. However, people who have pacemakers or automated defibrillators should not use this scale because it can temporarily throw off the pacemaker settings. I do / do not have any internal devices and so I can / cannot have my body fat measured with this scale. Not having my body fat measured will not exclude me from participating in this study.

I will receive souvenirs and \$30.00 for participating and completing the study.

Benefits: The main benefit to me is that I can discuss some questions about my prostate cancer and about my diet with the team of doctors. While there might be no direct benefit to me for participating in this prostate cancer dietary risk study I realize that the results of the study will provide some information about the dietary risks or protection of American or African diets and this will be useful in developing nutrition education for the prevention of prostate cancer in my community in particular and the world in general.

Alternative Participation: I could visit my doctor, clinic, nutritionist, or call the American Cancer Society for information on prostate cancer.

Conditions of Participation: Participation in this study is voluntary. If my questions now or at any time are not answered to my satisfaction, I can speak with the Principal Investigator Flora A. Ukoli, MB.BS, MPH, at 202-806-9259, or Chiledum Ahaghotu, MD, at 202-865-1314. I may withdraw from the project at any time, and refusal to participate or withdrawal from the study will not influence my present or future medical care by the staff of Howard University Hospital, my physician or my urologist.

Confidentiality: You have promised to safeguard every information I provide, and a number will be used instead of my name on any computer files. The records from this study will be kept confidential and will not be given to anyone who is not helping on the study or used for any other purpose unless I agree to release the records. All completed interviews and surveys will be under lock in a separate set of files when not in use by project staff. The Institutional Review Board of Howard University and representatives of the U.S. Army Medical and Material Command are eligible to review research records as a part of their responsibility to protect human subjects in research. My personal identity will be treated as confidential and will not appear in any computer database or on any published results.

Injury: In the event of physical or other injury resulting from the research tests or procedures, medical treatment will be provided at no cost to me, but that there will be no financial compensation.

I am free to call the Office of the Executive Secretary of Howard University Institutional Review Board at 202-806-7818 if I have questions I will like to discuss with someone other than the investigators on this project, and I will be financially responsible for such a call.

I have read the above description of the research project. Things I did not understand were explained to me by Dr. Flora Ukoli and her research assistant, and my questions were answered to my satisfaction. I agree to participate in this project. I acknowledge that I have received a personal copy of this consent form.

Participant's Name / Signature

Date

Street Address

City

State

Zip

I, the undersigned, have defined and fully explained the procedures and tests involved in this study to the above named participant.

Investigator's Signature

Date

CONSENT FOR INVESTIGATIVE PROCEDURES
HOWARD UNIVERSITY
WASHINGTON, DC. 20059
CONSENT FORM FOR HUMAN PARTICIPANTS
(CONTROLS)

SUBJECT'S NAME: _____
(Please print) (Last) (First) (Initial)

PROJECT TITLE: **Dietary Fat and Vitamin E in Prostate Cancer Risk among African Americans and Africans: A Case-Control Study.**

PROJECT DIRECTORS: Flora A.M. Ukoli, MBBS.,MPH, Tanya D. Agurs-Collins, Ph.D., Kephher Makambi, Ph.D., Chiledum Ahaghotu, MD., Usifo Osime, MBBS.,FRCS. Aaron Jackson, MD.

This study plans to compare men who do not have any evidence of prostate cancer (study 'control') with men who have prostate cancer (study 'case'). If I am not selected as a study control this visit will be for only prostate cancer screening and will last about 30 minutes. If I am eligible as a control I will be invited for a second visit that will last 1½ hours to complete detailed dietary questionnaires and procedures at the Howard University Cancer Center. These tests and procedures for the study will be at no cost to me.

Tests and Procedures to be Performed.

- Undergo physical examination by an urologist that includes a digital rectal examination (DRE). The urologist will gently insert one gloved lubricated finger into my anus and feel my prostate gland, which lies below my bladder, for any hardness or lumps.
- Collection of 30ml (6 teaspoonful) of blood from my vein by a certified technician (Kim Utley or Rabah Bekere) to measure prostate specific antigen, PSA, (the blood test for prostate cancer), essential fatty acids, lipids, vitamins E and selenium.
- Collection of personal information, family, diet and growth history, and measurement of height, weight, waist, hip, skin-fold thickness and body fat by a trained interviewer.
- Measurement of body fat using a special scale and impedance technology by a trained investigator. This scale cannot be used for men with internal devices like pacemakers.
- Collection of 5ml (one teaspoonful) of urine.

Purpose of the Study: The purpose of this research is to study the effect of selected items in the diet on the prostate and to compare this effect among African Americans and Africans now living in America. I will give information about the frequency I consume selected food items and serving sizes of my past and present diet. My height, weight, waist, hip and skin-fold thickness will be measured. Approximately 30ml. (6 teaspoonful) of my blood will be drawn from my vein at the clinic visit, and I will also give 5ml. (one teaspoon) of my urine for analysis. The detailed dietary and other questionnaires I will complete will take approximately one hour. At the prostate cancer screening I will have a physical examination that will include a one-finger digital rectal examination (DRE) by Dr. C. Ahaghotu or Dr. A. Jackson, both urologists. I give permission to obtain medical information and pathology reports from my medical records. I also permit digital rectal examination, the draw of 6 teaspoonfuls of blood and the collection of one teaspoonful of urine for the said tests.

Risks/Discomforts: Participation will not subject me to any physical risk other than that of a blood draw by a certified nurse or technician and a DRE by a urologist. Sometimes there may be slight bleeding, bruising or swelling under the skin where the needle was inserted for the blood draw and this bruise will clear in a few days. Body fat measurement will be taken by standing bare feet on a special scale that uses

Initials: _____
(Participant) (Witness) (Principal Investigator)

impedance technology. As the scale records my weight it will pass an unfelt small, harmless and safe electric current through my body, and by measuring how the current flows the computer in the scale can calculate how much of my body weight is fat. However, people who have pacemakers or automated defibrillators should not use this scale because it can temporarily throw off the pacemaker settings. I do / do not have any internal devices and so I can / cannot have my body fat measured with this scale. Not having my body fat measured will not exclude me from participating in this study.

The minimal discomfort of a DRE is only at the time of the examination and will last no more than a few minutes. A positive PSA or DRE test could cause anxiety because of the fear of cancer diagnosis. If this should be the case I shall be referred to either of the study urologists or my primary care physician for follow-up, treatment and appropriate referral.

I will receive souvenirs and \$30.00 for participating and completing this study.

Benefits: One benefit to me for participating is the chance of early detection of prostate enlargement or prostate cancer followed by appropriate referral. I also realize that the results of this study will provide some information about dietary risks or protection of African or American diets, and this will be useful in developing nutrition health education for the prevention of prostate cancer among black men in particular.

Alternative Participation: I could visit my doctor, clinic, nutritionist, or call the American Cancer Society for information on prostate cancer.

Conditions of Participation: Participation in this study is voluntary. If my questions now or at any time are not answered to my satisfaction, I can speak with the Principal Investigator Flora A. Ukoli, MB.BS, MPH, at 202-806-9259, or Chiledum Ahaghotu, MD, at 202-865-1314. I may withdraw from the project at any time. Refusal to participate or withdrawal from the study will not influence my present or future medical care by the staff of Howard University Hospital.

Confidentiality: You have promised to safeguard every information I provide, and a number will be used instead of my name on any computer files. The records from this study will be kept confidential and will not be given to anyone who is not helping on the study or used for any other purpose unless I agree to release the records. All completed interviews and surveys will be under lock in a separate set of files when not in use by project staff. The Institutional Review Board and representatives of the U.S. Army Medical Research and Material Command are eligible to review research records as a part of their responsibility to protect human subjects in research. My personal identity will be treated as confidential and will not appear in any computer database or on any published results.

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I am free to call the Office of the Executive Secretary of Howard University Institutional Review Board at 202-806-7818 if I have questions I will like to discuss with someone other than the investigators on this project, and that I will be financially responsible for such a call.

I have read the above description of the research project. Things I did not understand were explained to me by Dr. Flora Ukoli and her research assistant, and my questions were answered to my satisfaction. I agree to participate in this project. I acknowledge that I have received a personal copy of this consent form.

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Investigator's Signature

Date

CONSENT FOR INVESTIGATIVE PROCEDURES
HOWARD UNIVERSITY
WASHINGTON, DC. 20059

**CONSENT FORM FOR BLOOD, URINE and SPECIMEN DONATION
(CONTROLS)**

SUBJECT'S NAME:

(Please print)

(Last)

(First)

(Initial)

PROJECT TITLE: **Dietary Fat and Vitamin E in Prostate Cancer Risk among African Americans and Africans: A Case-Control Study.**

PROJECT DIRECTORS: Flora A.M. Ukoli, MBBS.,MPH, Tanya D. Agurs-Collins, Ph.D., Kephher Makambi, Ph.D., Chiledum Ahaghotu, MD., Usifo Osime, MBBS.,FRCS. Aaron Jackson, MD.

There is a possibility that the blood sample I am providing under this study will be stored and may also be used in other future research **and genetic studies** and could potentially have commercial applicability. The urine sample I donate will not be used in this study and is being stored for use in future research **and genetic studies**. My refusal to allow my samples to be stored for future research will not affect my participation in this study. I voluntarily and freely donate my urine and blood samples drawn this day to the Howard University Cancer Center and hereby relinquish all right, title, and interest to the said items. All the stored samples will not contain any personal identifiers.

☐ I agree to have my blood / urine / prostate samples stored for future research.

☐ I do not want my blood / urine / prostate samples stored for future research.

PARTICIPANT'S SIGNATURE

DATE

Street Address

City

State

Zip

INVESTIGATOR'S SIGNATURE

DATE

CONSENT FOR INVESTIGATIVE PROCEDURES
HOWARD UNIVERSITY
WASHINGTON, DC. 20059

CONSENT FORM FOR BLOOD, URINE and SPECIMEN DONATION
(CASES)

SUBJECT'S NAME: _____
(Please print) (Last) (First) (Initial)

PROJECT TITLE: **Dietary Fat and Vitamin E in Prostate Cancer Risk among African Americans and Africans: A Case-Control Study.**

PROJECT DIRECTORS: Flora A.M. Ukoli, MBBS.,MPH, Tanya D. Agurs-Collins, Ph.D., Kephher Makambi, Ph.D., Chiledum Ahaghotu, MD., Usifo Osime, MBBS.,FRCS. Aaron Jackson, MD.

There is a possibility that the blood sample and prostate specimen I am providing under this study will be stored and may also be used in other research and **genetic studies** and could potentially have commercial applicability. The urine sample I donate will not be used in this study and is being stored for use in future **and genetic studies**. My refusal to allow my samples to be stored for future research will not affect my participation in this study. I voluntarily and freely donate my urine and blood samples drawn this day to the Howard University Cancer Center and hereby relinquish all right, title, and interest to the said items. All the stored samples will not contain any personal identifiers.

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☐ I do not want my blood / urine / prostate samples stored for future research.

PARTICIPANT'S SIGNATURE

DATE

Street Address City State Zip

INVESTIGATOR'S SIGNATURE

DATE

Institutional Review Board:

**APPLICATION FOR PROJECTS
INVOLVING HUMAN PARTICIPANTS**

Name and Faculty Rank: **Flora A.M.Ukoli, MB.BS,DPH,MPH. Associate Professor**

Student Investigator:

Department: Howard University Cancer Center

College: Medicine
Campus Telephone. 202-806-9259
Email: fukoli@Howard.edu

Title of Project: **Dietary Fat and Vitamin E in Prostate Cancer Risk among African Americans and Africans: A Case-Control Study.**

Project Period: January 2002 – December 2005.

Source of Funds, (if applicable): Department of Defense, DOD

Type of Application:

- ☐ New
☒ Renewal of Application # **IRB-01-CC-09**
☐ Revision

Signature of Principal Investigator

Date

Signature of Departmental Chairman

Date

Signature of Dean/Director

Date

CONSENT FOR INVESTIGATIVE PROCEDURES
UNIVERSITY OF BENIN TEACHING HOSPITAL, BENIN-CITY, NIGERIA
HOWARD UNIVERSITY, WASHINGTON DC 20059.

CONSENT FORM FOR HUMAN PARTICIPANTS
(CASES)

SUBJECT'S NAME: _____
(Please print) (Last) (First) (Initial)

PROJECT TITLE: **Dietary Fat and Vitamin E in Prostate Cancer Risk among African Americans and Africans: A Case-Control Study.**

PROJECT DIRECTORS: Flora A.M. Ukoli, MBBS.,MPH, Tanya D. Agurs-Collins, Ph.D., Kephher Makambi, Ph.D., Chiledum Ahaghotu, MD., Usifo Osime, MBBS.,FRCS. Aaron Jackson, MD.

The following questionnaires, tests and procedures for this research project will be completed at the Eku Baptist Hospital, Warri Specialist Hospital, Benin Central Hospital, Udo Health Centre or at the University of Benin Teaching Hospital, Benin-City at no cost to me and will take only one visit that will last 2½ hours.

Tests and Procedures to be Performed.

- Collection of personal information, family, diet and growth history, and measurement of height, weight, waist, hip, skin-fold thickness and body fat by a trained interviewer.
- Measurement of body fat using a special scale and impedance technology by a trained investigator. This scale cannot be used for men with internal devices like pacemakers.
- Collection of 30ml (6 teaspoonful) of blood from the vein by a doctor or certified nurse to measure PSA (blood test for prostate cancer), essential fatty acids, lipids, vitamins E and selenium.
- Collection of 5ml (one teaspoonful) of urine.

Purpose of the Study: The purpose of this research is to study the effect of selected items in the diet on the prostate and to compare this effect among African Americans and Africans now living in America. I will have to give information about the frequency with which I consume selected food items and serving sizes of my past and present diet. My height, weight, waist, hip and skin-fold thickness will be measured. Approximately 30ml. (6 teaspoonful) of my blood will be drawn from my vein at the clinic visit, and I will also give 5ml. (one teaspoon) of my urine for analysis. The detailed dietary and other questionnaires I will complete will take approximately two hours. I give permission to obtain medical information and pathology reports that are relevant to prostate cancer from my medical records. I permit the draw of 30ml. (6 teaspoonful) of blood and 1 teaspoonful of urine for the said tests.

Risks/Discomforts: Participation in this study will not subject me to any physical risk other than that of a blood draw by the study doctor or nurse, both are certified and experienced to draw blood. Sometimes there may be slight bleeding, bruising or swelling under the skin where the needle was inserted. This will clear within a few days.

Body fat measurement will be taken by standing bare feet on a special scale that uses impedance technology. As the scale records my weight it will pass an unfelt small, harmless and safe electric current through my body, and by measuring how the current flows the computer in the scale can calculate how much of my body weight is fat. However, people who have pacemakers or automated defibrillators should not use this scale because it can temporarily throw off the pacemaker settings. I do / do not have any internal devices and so I can / cannot have my body fat measured with this scale. Not having my body fat measured will not exclude me from participating in this study.

Initials: _____
(Participant) (Witness/Translator) (Principal Investigator)

I will receive souvenirs and a months supply of multivitamin and money to cover the cost for transportation and the inconvenience of participating in the study up to \$15 per visit.

Benefits: The main benefit to me is that I can discuss some questions about my prostate cancer and about my diet with the team of doctors. While there might be no direct benefit to me for participating in this prostate cancer dietary risk study I realize that the results of the study will provide some information about the dietary risks or protection of American or African diets. This will be useful in developing nutrition education for the prevention of prostate cancer in my community and the world in general.

Alternative Participation: I could visit my doctor, clinic, nutritionist, or call the American Cancer Society or any local organization for information on prostate cancer.

Conditions of Participation: Participation in this study is voluntary. If my questions now or at any time are not answered to my satisfaction, I can speak with the study consultant, Prof. Usifo Osime at 052-600026 or the Principal Investigator Flora A. Ukoli, MB.BS, MPH, at 202-806-9259. I may withdraw from the project at any time. Refusal to participate or withdrawal from the study will not influence my present or future medical care by the staff of University of Benin Teaching Hospital, Benin Central Hospital, Warri Specialist Hospital, Baptist Hospital, Eku, or Udo Health Centre.

Confidentiality: You have promised to safeguard every information I provide, and a number will be used instead of my name on any computer files. The records from this study will be kept confidential and will not be given to anyone who is not helping on the study or used for any other purpose unless I agree to release the records. All completed interviews and surveys will be under lock in a separate set of files when not in use by project staff. The Institutional Review Board of Howard University, the University of Benin Teaching Hospital Ethical Committee, and representatives of the U.S. Army Medical and Material Command are eligible to review research records as a part of their responsibility to protect human subjects in research. My personal identity will be treated as confidential and will not appear in any computer database or on any published results.

Injury: In the event of physical or other injury resulting from the research procedures, medical treatment will be provided by Dr. E. Egbagbe at no cost to me, but that there will be no financial compensation.

I am free to call the Office of the Executive Secretary of Howard University Institutional Review Board at 202-806-7818, or the office of the Chief Medical Director, UBTH, Benin-City at 052-600418, if I have questions I will like to discuss with someone other than the investigators on this project. The cost of such a call will be mine.

I have read the description of the research project / it has been read to me and explained in 'Pidgin' English / translated to my understanding in my language. Things I did not understand were explained to me by Prof. Osime, the study urologist or the research assistant, and my questions were answered to my satisfaction. I agree to participate in this project. I acknowledge that I have received a personal copy of this consent form.

Participant's Name	Signature	Date	Witness/Translator's name	Signature
Street Address	City	State	Street Address	City State

I, the undersigned, have defined and fully explained / have the translator fully explain the procedures and tests involved in this study to the above named participant.

Investigator's Signature

Date

CONSENT FOR INVESTIGATIVE PROCEDURES
UNIVERSITY OF BENIN TEACHING HOSPITAL, BENIN-CITY, NIGERIA
HOWARD UNIVERSITY, WASHINGTON DC 20059.
CONSENT FORM FOR HUMAN PARTICIPANTS
(CONTROLS)

SUBJECT'S NAME: _____
(Please print) (Last) (First) (Initial)

PROJECT TITLE: **Dietary Fat and Vitamin E in Prostate Cancer Risk among African Americans and Africans: A Case-Control Study.**

PROJECT DIRECTORS: Flora A.M. Ukoli, MBBS.,MPH, Tanya D. Agurs-Collins, Ph.D., Kephher Makambi, Ph.D., Chiledum Ahaghotu, MD., Usifo Osime, MBBS.,FRCS. Aaron Jackson, MD.

This study plans to compare men who do not have any evidence of prostate cancer Study 'control') with men who have prostate cancer (study 'case'). If I am not selected as a study control this visit will be for only prostate cancer screening and will last about one hour at the local Health Center or Hospital. If I am eligible as a control I will be invited for a second visit that will last 2½ hours to complete detailed dietary questionnaires and procedures. The following tests and procedures for the project will be at no cost to me.

Tests and Procedures to be Performed.

- Undergo physical examination by a surgeon or urologist that includes a digital rectal examination (DRE). The surgeon will gently insert one gloved lubricated finger into my anus and feel my prostate gland, that lies below my bladder, for any hardness or lumps.
- Collection of 30ml (6 teaspoonful) of blood from my vein by a certified nurse to measure PSA (blood test for prostate cancer), essential fatty acids, lipids, vitamins E and selenium.
- Collection of personal information, family, diet and growth history, and measurement of height, weight, waist, hip, skin-fold thickness and body fat by a trained interviewer.
- Measurement of body fat using a special scale and impedance technology by a trained investigator. This scale cannot be used for men with internal devices like pacemakers.
- Collection of 5ml (one teaspoonful) of urine.

Purpose of the Study: The purpose of this research is to study the effect of selected items in the diet on the prostate and to compare this effect among African Americans and Africans now living in America. I will give information about the frequency with which I consume selected food items and the serving sizes of my past and present diet. My height, weight, waist, hip and skin-fold thickness will be measured. Approximately 6 teaspoonful of my blood will be drawn from my vein at the clinic, and I will also give 5ml. (one teaspoon) of my urine for testing. At the prostate cancer screening I will have a physical examination that will include a one-finger digital rectal examination (DRE) by a surgeon or urologist. The detailed dietary and other questionnaires I will complete will take two hours. I give permission to obtain medical information and pathology reports from my medical records. I also permit the draw of 30ml. (6 teaspoonful) of blood, digital rectal examination and collection of 5ml. (one teaspoonful) of urine.

Risks/Discomforts: Participation will not subject me to any physical risk other than that of a blood draw by a doctor or certified nurse and a DRE by a surgeon or urologist. Sometimes there may be slight bleeding, bruising or swelling under the skin where the needle was inserted for the blood draw and this bruise will clear in a few days.

Body fat measurement will be taken by standing bare feet on a special scale that uses impedance technology. As the scale records my weight it will pass an unfelt small, harmless and safe electric current through my body, and by measuring how the current flows the computer in the scale can calculate how much of

Initials: _____
(Participant) (Witness / Translator) (Principal Investigator)

my body weight is fat. However, people who have pacemakers or automated defibrillators should not use this scale because it can temporarily throw off the pacemaker settings. I do/do not have any internal devices and so I can/cannot have my body fat measured with this scale. Not having my body fat measured will not exclude me from participating in this study.

The minimal discomfort of a DRE is only at the time of the examination and will last no more than a few minutes. A positive PSA or DRE test could cause anxiety because of the fear of cancer diagnosis. If this should be the case I shall be referred to an urologist for follow-up, and treatment.

I will receive souvenirs and a **months supply of multivitamins** and money for the cost of transportation, blood draw and the inconvenience of participating in the study up to \$15 per visit.

Benefits: One benefit to me for participating is the chance of early detection of prostate enlargement or prostate cancer followed by appropriate referral. I also realize that the results of this study will provide some information about dietary risks or protection of African or American diets that may be useful in developing nutrition health education for the prevention of prostate cancer among black men in particular.

Alternative Participation: I could visit my doctor, clinic, nutritionist, or call the American Cancer Society or any local health association for information on prostate cancer.

Conditions of Participation: Participation in this study is voluntary. If my questions now or at any time are not answered to my satisfaction, I can speak with the study consultant Prof. Usifo Osime at 052-600026 or the Principal Investigator Flora A. Ukoli, MB.BS, MPH, at 202-806-9259. I may withdraw from the project at any time. Refusal to participate or withdrawal from the study will not influence my present or future medical care by the staff of University of Benin Teaching Hospital, Benin Central Hospital, Warri Specialist Hospital, Eku Baptist Hospital, or Udo Health Centre.

Confidentiality: You have promised to safeguard every information I provide, and a number will be used instead of my name on any computer files. The records from this study will be kept confidential and will not be given to anyone who is not helping on the study or used for any other purpose unless I agree to release the records. All completed interviews and surveys will be under lock in a separate set of files when not in use by project staff. The Institutional Review Board of Howard University, the University of Benin Teaching Hospital Ethical Committee, and representatives of the U.S. Army Medical Research and Material Command are eligible to review research records as a part of their responsibility to protect human subjects in research. My personal identity will be treated as confidential and will not appear in any computer database or on any published results.

Injury: In the event of physical or other injury resulting from the research procedures, medical treatment will be provided at no cost by **Dr. E. Iyamu or Dr. E. Egbagbe**, but that there will be no financial compensation. I am free to call the Office of the Executive Secretary of Howard University Institutional Review Board at 202-806-7818, or the office of the Chief Medical Director, University of Benin Teaching Hospital (UBTH), Benin-City at 052-600418, if I have questions I will like to discuss with someone other than the investigators on this project. The cost of such a call will be mine.

I have read the description of the research project / it has been read to me and explained in 'Pidgin' English / **and translated to my understanding in my language**. Things I did not understand were explained to me by Dr. Ukoli, Dr. Egbagbe or the research assistant, and my questions were answered to my satisfaction. I agree to participate in this project. I acknowledge that I have received a personal copy of this consent form.

Participant's Name / Signature / Date

Witness / Translator's Name / Signature

Street Address City State

Street Address City State

I, the undersigned, have defined and fully explained / **have the translator fully explain** the procedures and tests involved in this study to the above named participant.

Investigator's Signature

Date

CONSENT FOR INVESTIGATIVE PROCEDURES
HOWARD UNIVERSITY, WASHINGTON, DC. 20059
UNIVERSITY OF BENIN TEACHING HOSPITAL, BENIN-CITY, NIGERIA.

**CONSENT FORM FOR BLOOD, URINE and SPECIMEN DONATION
(CONTROLS)**

SUBJECT'S NAME: _____
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PARTICIPANT'S SIGNATURE

DATE

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INVESTIGATOR'S SIGNATURE

DATE

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HOWARD UNIVERSITY, WASHINGTON, DC. 20059
UNIVERSITY OF BENIN TEACHING HOSPITAL, BENIN-CITY, NIGERIA.

**CONSENT FORM FOR BLOOD, URINE and SPECIMEN DONATION
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PARTICIPANT'S SIGNATURE

DATE

Street Address

City

State

INVESTIGATOR'S SIGNATURE

DATE

FOOD FREQUENCY QUESTIONNAIRE

ID# _____

Throughout this interview I will ask you how often you ate certain foods in the past year. Please tell me the number of times you ate the mentioned item in a day, a week, a month, a year or not all. You also need to tell me the usual quantity or serving size you ate.

FOOD	NEVER	FEW TIMES A YEAR	1-2 TIMES A MONTH	1-2 TIMES A WEEK	3-4 TIMES A WEEK	5-7 TIMES A WEEK	2 OR MORE TIMES A DAY	QUANTITY OR PORTION SIZE EACH TIME
	NIL NO	RARE	OCCAS SIONS	SOME TIMES	OTHER DAY	DAILY	MANY TIMES	
Chicken, Hen Turkey / Roast Turkey Smoked Poultry Duck								1/16 1/8 ¼ ½ # pc
Beef/Steak, Roast beef Lamb, Goat Pork, Pork chop, Ham Smoked pork <i>Bush meat *</i>								# M1/M3/Pc, # Kp
Pig feet, <i>Cow leg, Skin, *</i> Kidney, Liver, Gizzard Tripe Chitlins Oxtail (with Skin?)								# pcs
Ground beef stew Meat balls / Meatloaf Ground turkey, Picadillo								# pt # K3 # balls / # Slice # slices
Sausage, Hotdog, Bacon Eggs								# # slices # Boiled / Fried
Lunch meat ham Turkey lunch meat Bologna, Salami Pepperoni								# slices
Canned meats /Tin meats Luncheon meat, others Corned beef								1/8 ¼ ½ 1 # K3
Can Fish: Tuna, Sardine Can Salmon Dark fish, White fish, Fresh <i>Ice-Fish, Frozen fish (fresh)</i> <i>Smoked ice-fish *</i> <i>Dry fish *</i> Smoked fish (American) <i>Stock fish *</i> Fresh Salmon								1/8 ¼ ½ 1 Can # pieces # fillet # Kp # fillet # Kp/ piece # Piece
Shrimp, Lobster <i>Crayfish dried *</i> Crab / Crab Cake <i>Large Snail *</i> Scallop, Oysters <i>Periwinkle, little snails *</i>								# K3
Frozen (TV) Lunch/Dinner Soups								Specify
Gravies (meat drippings) White sauce								# K3 serving spoon

FOOD	NEVER	FEW TIMES A YEAR	1-2 TIMES A MONT H	1-2 TIMES A WEEK	3-4 TIMES A WEEK	5-7 TIMES A WEEK	2 OR MORE TIMES A DAY	QUANTITY OR PORTION SIZE EACH TIME
	NIL NO	RARE	OCCAS SIONS	SOME TIMES	OTHER DAY	DAILY	MANY TIMES	
Rice								# K1 # Cups
Rice Flour *								E1 E2
Spagetti, Noddles								# Picture # Cups
Macaroni, Pasta								# K1
Cus-Cus / Hominy								# K1
Corn Bread								# piece (muffin)
Ekusu (corn cake) *								Model
Agidi, Kenki *								Model
Corn-on-cob/Can corn Boiled								# whole cob # K1
Corn Roasted *								#
Oats Meal / Quaker oats								# K1
Grits								
Corn flour (Pap) *								
Millet flour pudding *								
Yam *								# Y
Pounded Yam *								# E1 E2
Yam Elubo/Amala *								
Plantain boil (G/R) *								# whole plantain
Plantain roast (G/R) *								
Plantain Elubo/Amala *								# E1 E2
Gari *								# E1 E2
Kpokpo gari *								# pkt
Cassava/Yuka boiled *								# Y
Fufu ('Santana') *								# E1 E2
Starch Casava/Potato *								
Cassava Elubo/Amala *								
Banku (corn & cassava fufu) *								
Ghana fufu (plantain/cassava)								
Semolina, Farina *								
Irish Potato Baked, Boiled								# S/ M/ Large Potato
Mashed Potato								# K1
French Fries								S M L (fast food)
Sweet Potato (yams)								# K1
Cocoyam/Taro/Malanga *								# Y
White Bread, Rolls								# slices # Rolls
Wheat/Rye bread								
Bagel								#
Dumpling (Flour/Chinese)								#
Pancakes								#
Pizza								# slices
Ham / Cheeseburger								#
(Home / Fast food)								
Pita, Soft taco								#
Enchilada								
Ethiopian bread								
Hard Taco, Corn Chips								# small pkt.
Potato Chips								
Plantain Chips								
Plantain ripe fried (dodo)								# pieces /whole
CEREAL specify								# K1 # cups
-								___S / Large Bowl
-								

FOOD	NEVER	FEW TIMES A YEAR	1-2 TIMES A MONT H	1-2 TIMES A WEEK	3-4 TIMES A WEEK	5-7 TIMES A WEEK	2 OR MORE TIMES A DAY	QUANTITY OR PORTION SIZE EACH TIME
	NIL NO	RARE	OCCAS SIONS	SOME TIMES	OTHER DAY	DAILY	MANY TIMES	
Green/String beans Green peas Split peas								# K1/K3 # Cup
Baked beans Chili beans Lima beans Black-eye beans * Other beans Moimoi (steamed bean cake)* Akara (fried bean cake) *								# K1/K3 # Cup # K1 # K1 # Model # Model
Brussels sprouts/Bean Sprouts Lentil Turnips Mushrooms								# / # K1 # K1/K3 # small mushroom
Carrots (cooked / raw) Cucumber Pickles								# baby/whole # K1 # sl ices whole # sl ices
Cooked greens (leaves) Collard, Spinach Mustard Okra (American style) Soups- - - - African soups/stews: Page 6.								# K1/K3 # Cup
Squash Summer /Winter Zucchini, Nopales Egg Plant Garden egg *								# sl ices Whole # K1 #
Acorn, Butternut Pumpkin								
Mixed Vegetable Salad Lettuce salad Coleslaw								# K1 # S/L Bowl # K1
Onion (raw) Onion (cooked) Garlic Spring onion Leek, Celery								# rings/slice # S # cloves # #
Broccoli Cabbage / Sauerkraut Cauliflower								# fl # K1 whole # K1 # fl
Tofu Veggie burger Vegetarian Special								# pieces
Bell Peppers (Raw/Cooked) Chili / Hot (thin/round pepper Jalopeno pepper								1/16 1/8 ¼ ½ 1 # #
Vitamin and Supplements - - - -								# Tablets a day/wk

FOOD	NEVER	FEW TIMES A YEAR	1-2 TIMES A MONTH	1-2 TIMES A WEEK	3-4 TIMES A WEEK	5-7 TIMES A WEEK	2 OR MORE TIMES A DAY	QUANTITY OR PORTION SIZE EACH TIME
(Specify if in Season)	NIL NO	RARE	OCCASIONS	SOME TIMES	OTHER DAY	DAILY	MANY TIMES	
Apples, Pears Apricots, Peaches Nectarines, Plums								#
Bananas Kiwi Guava Avocado pear <i>Little pear</i> *								#
<i>Garden egg (White raw)</i> *								
Cantaloupe Honeydew/Orange melon Papaya Mango <i>'Ogbolo' fruit</i> *								1/16 1/8 1/4 1/2 # sl
Cashew Fruit *								#
Strawberry Grapes, Berries Cherry								# bunch
Oranges, Tangerines Grapefruits Lemon								# slice
Watermelon Red melon Pineapple fresh								1/16 1/8 1/4 1/2 # sl
Canned fruits (all) Fruit cocktail/salad Applesauce								# Small Can # K1 # Cup # K3 # Tbs
Tomato (raw) Tomato Juice Tomato Ketchup Tomato Stew/Sauce Salsa, Salsa picante								# sl # Sm/Cherry # Oz # glass # Tbs # Sht # K3 # Tbs
Groundnuts Cashew nuts Sunflower seeds Pumpkin seeds Walnut Pecans Almonds Other nuts <i>African Walnut</i> * <i>Kolanut</i> * <i>Bitter - kola</i> *								# K1 #
Cooking Spices -Garlic Powder -Black pepper -Curry -Maggi								Sprinkle / # tsp

FOOD	NEVER	FEW TIMES A YEAR	1-2 TIMES A MONTH	1-2 TIMES A WEEK	3-4 TIMES A WEEK	5-7 TIMES A WEEK	2 OR MORE TIMES A DAY	QUANTITY OR PORTION SIZE EACH TIME
	NIL NO	RARE	OCCASIONS	SOME TIMES	OTHER DAY	DAILY	MANY TIMES	
Tea Regular/Decaf Coffee Regular/ Decaf Iced Tea (+ Sugar) Chocolate Drink/Shake Milo/Bournvita etc.								# tea cup/mug # oz/glass
Milk Ice cream Yogurt Cheese								# oz /glass # Scoop # Small cup # Slices/Cubes
Sodas - -								Oz/can/bottle
Fruit Juice - - -								Oz/can/bottle
Fruit flavored drink - -								Oz/Can bottle
Candy (Sweets) Chocolate Chewing gum								# # S / M / L Bar #
White Sugar Brown Sugar Sweetners Honey Syrup								# tsp sht cubes
Wines - <i>Palm wine</i> *								# Wine glass
Beer - Stout								# can/bottle
Spirits/Liquor 'Ogogoro/Burukutu' *								# Shots
Cakes								# sl # Cup ck
Cookies Crackers, Cabin biscuit								# S/L
Biscuits/ English Muffin Croissants								# #
Desserts - -Chin-Chin * Egg-roll/Meat-pie/Puff-puff *								# sl



ID _____
Date: _____

PROSTATE CANCER DIETARY FAT & VITAMIN E STUDY

Personal Information

Name: _____
(Last) (First) (Initials)

Address: _____
(No) (Street) (Apt. #)

(City) (State) (Zip Code)

Home Phone: () - Work Phone: () -

Date of Birth: / / Age Last Birthday: years
(month / day / year)

Country of Origin: _____

Place of Birth: _____
(Town) (State)

Grandparents Father's Father: _____
Ancestry: Father's Mother: _____
Mother's Father: _____
Mother's Mother: _____

*If African state ethnicity of grandparents. [Summary: _____]

Provide the names of two relatives or friends, not living in your household, who are likely to know how to contact you if we cannot contact you directly. (OPTIONAL)

Name: _____

Name: _____

Street Address Apt.

City State Zip Code

Street Address Apt.

City State Zip Code

Work Phone: () -

Work Phone: () -

Home Phone: () -

Home Phone: () -

Relationship: _____

Relationship: _____

The next few questions about your background are important to help describe, in general terms, the men in this study. Questionnaires with * is directed at men born in countries other than America.

1. How many years have you lived in the United States of America? _____ years
2. How many years have you lived in the DC metropolitan area/present address? _____ / _____ yrs
- *3. How old were you when you left your home country? _____ years
4. How many other countries did you live in for at least one year. _____
(Specify) _____
5. What is the highest grade/level of school you completed? _____
- *6. What is the highest grade/level of school you completed in your home country? _____
7. What is your current job status? _____
 - ☐ Not working.
 - ☐ Retired.
 - ☐ Employed (part-time)
 - ☐ Employed (full-time)
 - ☐ Disabled, unable to work.
 - ☐ Other (Specify) _____
8. What is your occupation? _____ 8.1 Rank if Applicable: _____
9. Which of the statements below best describes your job? If you are not currently working, which statement best describes your past job, that is, the job you held the longest.
 - ☐ Managerial, Professional, Administrative.
 - ☐ Technical, Sales, Administrative support.
 - ☐ Service.
 - ☐ Operators, Fabricators, Labourers
 - ☐ Other (Specify) _____
10. What is your current marital status?
 - ☐ Single, Never married.
 - ☐ Married.
 - ☐ Divorced or Separated
 - ☐ Widowed.
 - ☐ Remarried. 10.2 How many times? _____
 - ☐ Living together in a marriage-like relationship.
11. How many children do you have? _____ 11.1 Age at puberty? _____ years
12. How many people all together, including yourself, do your support financially? _____

13. What was the approximate total family income (before taxes) from all sources within your household in the last year? This information will be used for describing all the men in the study as a group. Please note that all information in this study will be kept in strict confidence.

- | | |
|---|--|
| <input type="radio"/> Less than \$ 10,000 | <input type="radio"/> \$50,000 - <\$74,999 |
| <input type="radio"/> \$ 10,000 - <\$24,999 | <input type="radio"/> \$75,000 - <\$99,999 |
| <input type="radio"/> \$25,000 - <\$34,999 | <input type="radio"/> More than \$100,000 |
| <input type="radio"/> \$35,000 - <\$49,999 | <input type="radio"/> Personal / No Response |
| <input type="radio"/> Don't know | |

14. Do you have a clinic, doctor, nurse or physician assistant who gives you your usual medical care?

- ☐ No ☐ Yes
(Go to No. 15.) ↓

- 14.1 What is the name and phone number of your clinic, doctor, Nurse practitioner or physician assistant? (OPTIONAL)
Name: _____

Phone: (____) ____ - _____

- 14.2 When did you last visit this clinic or person? (Give your best guess) (mm/yy) ____/____

15. With regards the blood test for prostate cancer, called the 'prostate specific antigen (PSA)' test?

- 15.1 How many times in your life-time have you had this test? _____

- 15.2 What was the PSA at your last test? _____ or Don't Know
(Within 12 months)

- 15.3 Where did you have your previous PSA test? (last year or over 12 months ago)
Name: _____

Address: _____

City State Zip Code

- 15.4 What was that previous PSA result? _____ or Don't Know

16. Has your doctor ever performed 'Digital Rectal Examination' (DRE) on you?

- ☐ No ☐ Yes
(Go to No. 17) ↓

- 16.1 When did you last have a DRE? (mm/yy) ____/____
(Performed at the same time with the PSA test: Yes / No)

- 16.2 What was the result of the test? _____

17. How do you usually pay for your medical care?
- ☐ Pre-Paid private Insurance (Like HMO)
 - ☐ Other private insurance (Like Blue Cross)
 - ☐ Medicare
 - ☐ Medicaid
 - ☐ Military or Veterans
 - ☐ Employer Pay/ Reimburse
 - ☐ Self / No Insurance
 - ☐ Other (Explain) _____

18. Have you ever had any problems passing urine?

☐ Yes → 18.1 When was this? Please give your best guess. _____ / _____
 (mm / yy)

☐ No ↓ 18.2 Describe the problem you had passing urine.

- | | |
|---|---|
| <input type="checkbox"/> Not emptying bladder after urination | <input type="checkbox"/> Stop and start again while urinating |
| <input type="checkbox"/> Urinating again within 2 hours | <input type="checkbox"/> Difficult to postpone urination |
| <input type="checkbox"/> Weak urinary stream | <input type="checkbox"/> Pushing or straining to start |
| <input type="checkbox"/> Burning pain while urinating | <input type="checkbox"/> Urinary Retention |
| <input type="checkbox"/> Dribbling of Urine | <input type="checkbox"/> Urinary Incontinence |
| <input type="checkbox"/> Blood/pus in the urine | <input type="checkbox"/> Blood in the ejaculate/semen |
| <input type="checkbox"/> No / Weak/ Poor Erection | <input type="checkbox"/> Number of times typically get up at night to urinate _____ |
| <input type="checkbox"/> Others _____ | |

18.3 What did you do about it?

18.4 How would you feel living with your current urinary condition
 0= Good 6= Bad
 0.....1.....2.....3.....4.....5.....6

19. Have you ever had any of the following conditions or procedures?

	Yes Have Had	No Not Had	Don't Know	If Yes When	Action Specify
19.1 Prostate infection (prostatitis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19.2 Enlarged prostate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19.3 Prostate cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19.4 Any other cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19.5 Vasectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19.6 Prostate or Testis biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19.7 Prostate or Testis surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19.8 Others (e.g. Hernia surgery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

20. Has anyone in your family ever been diagnosed with enlarged prostate? (BPH)

☐ Yes →

☐ No

↓

20.1 Who was diagnosed with BPH? _____

20.2 What year was this diagnosed? _____

20.3 How old was he at diagnosis? _____ years.

20.4 State the age at which any other family member was diagnosed with Benign Prostate Enlargement. _____

21 Has anyone in your family been diagnosed with cancer of the prostate?

☐ Yes →

☐ No

↓

21.1 Who was diagnosed with cancer of the prostate? _____

21.2 What year was this diagnosis? _____

21.3 How old was he at diagnosis? _____ years.

21.4 State the age at diagnosis for any other family member diagnosed with cancer of the prostate. _____

22 Please try and count, and give a number for all your first degree male relatives, and state their age if alive and the age at death if applicable.

Relationship:

Age Group

	<u>Alive</u>				<u>Died</u>		
	<40	40-60	>60		<40	40-60	>60
Father's father	:	:	:	:	:	:	:
Mother's father	:	:	:	:	:	:	:
Father	:	:	:	:	:	:	:
Brothers	:	:	:	:	:	:	:
Sons	:	:	:	:	:	:	:
Uncles Maternal	:	:	:	:	:	:	:
Paternal	:	:	:	:	:	:	:
Nephews	:	:	:	:	:	:	:
All others	:	:	:	:	:	:	:

TOBACCO USE HISTORY

23. Have you ever used tobacco?

☐ No

☐ Yes

☐ Refuse to answer

↓

23.1 What type of tobacco did you use? 23.2 Age you started. (yrs.)

☐ Chewing tobacco

☐ Sniffing tobacco

☐ Licking tobacco

☐ Pipe

☐ Cigars

☐ Cigarettes

24. Please indicate the past /current frequency of use for each form of tobacco as applicable.

Tobacco	Use Everyday	Times Per week	Average Daily Quantity	Do Not Use At All
Cigarettes	<input type="checkbox"/>	_____	_____ sticks	<input type="checkbox"/>
Cigars	<input type="checkbox"/>	_____	_____ sticks	<input type="checkbox"/>
Pipe	<input type="checkbox"/>	_____	_____ packet	<input type="checkbox"/>
Chewing	<input type="checkbox"/>	_____	_____ pkt/handful	<input type="checkbox"/>
Sniffing	<input type="checkbox"/>	_____	_____ teaspoon	<input type="checkbox"/>
Licking	<input type="checkbox"/>	_____	_____ teaspoon	<input type="checkbox"/>

25. If you have stopped using tobacco/cigarette/cigar, please indicate how long ago (or the year) you quit.

25.1 How long ago since you last used smokeless tobacco? _____ years. or Year: _____

25.2 How long ago since you last smoked a **pipe or cigars**? _____ years. or Year: _____

25.3 How long ago since you last smoked **cigarettes**? _____ yearss. or Year: _____

ALCOHOL USE HISTORY:

26. Do you drink any alcoholic beverage such as beer, wine, wine coolers, or liquor?

☐ No, never.

☐ No, quit.

☐ Refuse to answer

☐ Yes, only at special occasions

☐ Yes, Daily or _____ / week/month.

26.1 How old were you when started drinking alcohol? _____ years.

26.2 If you stopped drinking alcohol state age or year when you stopped drinking alcohol?

_____ years. or Year: _____

**One drink of alcohol = 1 can or small bottle of beer, 1 glass of wine,
1 can or bottle of wine cooler, 1 cocktail, 1 shot of liquor.**

27. 27.1 On the **occasions** when you drank, about how many drinks did you have on the average?
 ____ No. of drinks ☐ Don't know ☐ No answer
- 27.2 On the **days** when you drank, about how many drinks did you have on the average?
 ____ No. of drinks ☐ Don't know ☐ No answer
28. 28.1 Considering all types of alcoholic beverages, how many times in the past month did you have 5 or more drinks on **one occasion**?
 ____ No of times ☐ Don't know ☐ No answer
- 28.2 Considering all types of alcoholic beverages, how many times in the past month did you have 5 or more drinks in **one day**?
 ____ No of times ☐ Don't know ☐ No answer

PHYSICAL MEASUREMENT HISTORY:

29. What was your weight and clothing size around the ages shown below? State in size number or in inches and circle your present age.

Age	20	30	40	50	60	70+
29.1 Weight (lbs. / kg.)	_____	_____	_____	_____	_____	_____
29.2 Shirt (size/inches)	_____	_____	_____	_____	_____	_____
29.3 Trouser (size/inches)	_____	_____	_____	_____	_____	_____

30. Have you noticed any recent weight changes in the past ____ months/years?

☐ --Not at all ☐ --Lot of wt loss ☐ --Some wt loss ☐ --Some wt gain ☐ --Lot of wt gain

PHYSICAL MEASUREMENTS.

31. **Body Fat Percentage:** _____
32. Weight (lbs.) _____
33. Height (cms.) _____
34. Mid-arm (cms.) _____
circumference
35. Chest (cms.) _____
36. Waist (cms.) _____
37. Hip (cms.) _____
38. Biceps: _____
39. Triceps: _____
40. Subscapular _____
41. **Fasting Blood Sugar:** _____

Skinfold thickness (mms.):

DIET CHANGE QUESTIONNAIRE

1. Is your present diet different from what it was in your home country / in the last 10 years?
(West Africans) / (African Americans)

☐ No ☐ Yes

2. Specify how your diet has changed either in the items you eat or in the quantities.

- 2.1 List Food Items you **never ate in your home country / 10 years ago** that you **eat now**.

Carbohydrates Meat/fish Fruits/Drinks Vegetables Diary Others

- 2.2 List Food Items you **ate in your home country / 10 years ago** that you **no longer eat**.

Carbohydrates Meat/fish Fruits/Drinks Vegetables Diary Others

- 2.3 List Food Items you **ate in your home country / 10 years ago** and you **now eat a lot more**.

Carbohydrates Meat/fish Fruits/Drinks Vegetables Diary Others

- 2.4 List Food Items you **ate a lot in your home country / 10 years ago** and now you **eat very little**.

Carbohydrates Meat/fish Fruits/Drinks Vegetables Diary Others

- 3.0 Rate your past and present diet on a scale of **10 to 0**, where 10 is 100% African diet, and 0 is 100% American diet. (**5** represents a diet that is 50% African and 50% American).

DIET IN AFRICA

(West Africans Only)

10 9 8 7 6 **5** 4 3 2 1 0

100%
African

10 9 8 7 6 **5** 4 3 2 1 0

100%
American

DIET IN AMERICA

(African Americans and West Africans)



ID _____

Date: ____/____/____

DIETARY ASSESSMENT

DETAILED FOOD QUESTIONNAIRE

NAME: _____

(Last)

(First)

(Initials)

These questions ask about the foods you ate during the **LAST THREE (3) MONTHS**.

1.0 Did you eat chicken or turkey during the last three months?

☐ No (Go to Question 2.) ☐ Yes
↓

1.1 When you ate chicken or turkey, how often did you eat the skin?

- ☐ Almost always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

1.2 Did you usually choose ...

- ☐ Light meat (wings and breast)
- ☐ Dark meat (drum-stick / thigh)
- ☐ Both

1.3 When you ate chicken how was it usually prepared?

- ☐ Fried in batter (crust)
- ☐ Fried plain
- ☐ Baked, Broiled
- ☐ Grilled (\pm Barbeque sauce)

2.0 Did you eat beef, pork, lamb or goat during the last three months?

☐ No (Go to Question 3) ☐ Yes
↓

2.1 When you ate beef, pork, lamb or goat, how often did you eat the fat?

- ☐ Almost always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

3.0 Did you eat any ground meat, meat balls, or hamburger during the last three months?

☐ No (Go to Question 4.) ☐ Yes
↓

3.1 When you ate hamburger or other ground meat, was it usually ...

- ☐ Regular
- ☐ Lean
- ☐ Extra Lean
- ☐ Ground turkey
- ☐ Don't Know

4.0 Did you eat canned fish, tuna, sardines, salmon, during the last three months?

- ☐ No (Go to Question 5.) ☐ Yes
↓

4.1 When you ate canned tuna was it usually

- ☐ Water-packed ☐ Oil-packed
☐ Either one
☐ Don't know

4.2 When you ate canned tuna how was it usually prepared? (Mark one or two.)

- ☐ Tuna, plain
☐ Tuna salad with myonnaise
☐ Tuna noodle casserole

5 Did you use/drink milk in the last three months?

- ☐ No (Go to Question 6) ☐ Yes
↓

5.1 What type of milk or milk beverage did you drink?

- ☐ Whole milk
☐ 2% milk
☐ 1% milk
☐ Non-fat or skim milk
☐ Evaporated / Condensed
☐ Regular powdered milk
☐ Skim powdered milk
☐ Soy milk
☐ None ☐ Don't know

5.2 What type of milk or cream(er) did you usually use on cereal?

- ☐ Whole milk
☐ 2% milk
☐ 1% milk
☐ Non-fat or skim milk
☐ Evaporated / Condensed
☐ Regular/Skim powdered
☐ Non-diary creamer
☐ Soy milk
☐ None ☐ Don't know

5.3 What type of milk or cream(er) did you use in your tea/coffee?

- ☐ Whole milk
☐ 2% milk
☐ 1% milk
☐ Non-fat or skim milk
☐ Evaporated / Condensed
☐ Regular/Skim powdered
☐ Non-diary creamer
☐ Soy milk
☐ Half & Half / Cream
☐ None ☐ Don't know

6 Did you eat cold or hot cereals during the last three months?

- ☐ No (Go to Question 7) ☐ Yes
↓

6.1 When you ate cold cereals, what type did you usually eat? (Mark one or two).

- ☐ Granola cereals
☐ High -fiber or bran cereals, FiberOne, Raisin Bran.
☐ Whole grain cereals such as Cheerios, Shredded Wheat.
☐ Fortified cereals such as Total, Product 19.
☐ Cereals such as Corn Flakes, Frosted Flakes, Fruit loops.
☐ Oat meal ☐ 'Corn Pap'

7 Did you eat squash, yam or plantain in the last three months?

- ☐ No (Go to Question 8) ☐ Yes
↓

7.1 When you ate squash, yam, plantain how often were they fried?

- ☐ Almost always
☐ Often
☐ Sometimes
☐ Rarely
☐ Never

- 8.0 What kinds of fat did you usually use to deep/pan fry or saute foods?
(Mark one or two for # 8, 9 and 10)
- ☐ Stick margarine
 - ☐ Tub margarine
 - ☐ Butter
 - ☐ Shortening (Crisco, lard, bacon fat, salt pork, ham hock)
 - ☐ Olive oil or Canola oil
 - ☐ Specify other vegetable oils
(corn, peanut, sunflower oil)
 - ☐ Non-stick spray (Pam)
 - ☐ Palm oil
 - ☐ Do not fry

9.0 Do you usually add **fat, stew or sauce** when cooking **beans and vegetables**?

- ☐ No (Go to Question 10) ☐ Yes
↓

9.1 Specify the type of fat you add.

- ☐ Stick margarine
- ☐ Tub margarine
- ☐ Butter
- ☐ Shortening (Crisco, lard, bacon fat, salt pork, ham hock)
- ☐ Olive oil or Canola oil
- ☐ Specify other vegetable oils
(corn, peanut, sunflower oil)
- ☐ Non-stick spray (Pam)
- ☐ Palm oil

10.0 Do you usually add **fat, stew, or sauce** to **beans and vegetables** after cooking?

- ☐ No (Go to Question 11) ☐ Yes
↓

10.1 Specify the type of fat you add.

- ☐ Stick margarine
- ☐ Tub margarine
- ☐ Butter
- ☐ Shortening (Crisco, lard, bacon fat, salt pork, ham hock)
- ☐ Olive oil or Canola oil
- ☐ Specify other vegetable oils
(corn, peanut, sunflower oil)
- ☐ Non-stick spray (Pam)
- ☐ Palm oil

11.0 What kind of fat do you usually use on **bread, muffins, tortillas, rolls, bagels**?

Specify: _____

12.0 What types of ice cream/yogurt did you eat in the last three months?

- ☐ Regular
- ☐ Low fat
- ☐ Fat-free / No fat
- ☐ None

13.0 What type of salad dressing did you usually use?

- ☐ Regular
- ☐ Low-fat (diet)
- ☐ Fat free / No fat
- ☐ Did not use dressing

14.0 Do you use mayonnaise on sandwiches and salads?

- ☐ No (Go to Question 15) ☐ Yes
↓

14.1 What type of mayonnaise did you usually use?

- ☐ Regular
- ☐ Low-fat (diet)
- ☐ Fat free / No fat

15.0 Did you eat cookies (*biscuits*) during the last three months?

- ☐ NO (Go to Question 16) ☐ Yes
↓

15.1 How often were they graham crackers, vanilla wafers, fig bars, cabin biscuit, or special low-fat or no-fat cookies?

- ☐ Almost always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

16.0 Did you eat cakes or other pastries during the last three months?

(African: Buns, egg roll, etc.)

☐ No (Go to Question 17) ☐ Yes ↓

16.1 How often were they angel cakes, sponge cakes, or special low-fat or no-fat cakes or pastries?

- ☐ Almost always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

17.0 Did you eat popcorn in the past three months?

☐ No (Go to Question 18) ☐ Yes ↓

17.1 What type of popcorn did you usually eat?

- ☐ Popped in oil, at the movies
- ☐ Regular microwave
- ☐ Air-popped or special "lite" microwave

17.2 When you ate popcorn how often did you add butter, margarine or groundnut?

- ☐ Almost always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

18.0 Did you eat corn flour in any of its forms in the last three months?

☐ No (Go to Question 19.) ☐ Yes ↓

18.1 In what form did you eat corn flour or corn meal?

- ☐ Corn Pap / Pudding (Akamu)
- ☐ Kenki or Agidi
- ☐ Corn bread
- ☐ Specify _____

18.2 Specify the type of fat, stew or soup you usually ate with it.

19.0 Did you eat corn in the last three months?

☐ No (Go to Question 20) ☐ Yes ↓

19.1 In what form was the corn you ate? (Excluding popcorn)

- ☐ Boiled corn-on-the-cob
- ☐ Roasted corn-on-the-cob
- ☐ Canned sweet corn
- ☐ Ekusu (corn pudding)

19.2 Indicate how you ate boiled or cooked corn.

- ☐ Plain
- ☐ Peanut/Coconut
- ☐ Margarine / Butter

20.0 Did you eat rice in the last three months?

- ☐ No (Go to Question 21.) ☐ Yes
↓

20.1 In what form did you eat the rice? (Steam / Boiled)

- ☐ With margarine/butter
☐ Plain + _____ stew/gravy
☐ Fried rice
☐ Jollof rice
☐ Chinese fried rice

21.0 Did you eat spaghetti, macaroni (pasta) in the last three months?

- ☐ No (Go to Question 22.) ☐ Yes
↓

21.1 In what form did you eat the pasta? (Steamed/boiled)

- ☐ With margarine/butter
☐ Plain + tomato stew/sauce
☐ With cheese
☐ Lasagna
☐ Pasta salad

22.0 Did you eat a hamburger or sandwich in the last three months?

- ☐ No (Go to Question 23.) ☐ Yes
↓

22.1 Which of the following did you usually have on and with your hamburger or sandwich?

- ☐ Cheese
☐ Mayonnaise
☐ Mustard
☐ French fries
☐ Tomato
☐ Lettuce
☐ Pickle
☐ Specify all others

22.0 When you ate fish, shrimps and other sea-foods, were they usually fried....

- ☐ Fried in batter (crust)
☐ Fried plain
☐ Not fried (Broiled, Baked)



ID _____

Date: _____

24-HOUR DIETARY RECALL

Name: _____ Age: _____
(Last) (First) (Initials)

Record or tell me everything you ate or drank, all day yesterday. Preparation methods include BOILED, BAKED, DEEP OR PAN FRIED, ROASTED, STEAMED, GRILLED, POUNDED, STEWED, MIXED ETC.

1.

BREAKFAST FOODS EATEN	AMOUNT	PREPARATION

2.

LUNCH FOODS EATEN	AMOUNT	PREPARATION

3.

DINNER FOODS EATEN	AMOUNT	PREPARATION

STATE AMOUNT EATEN AS: NUMBER OF ITEMS, CUP MEASURE, TEACUP, KITCHEN SPOON, SERVING SPOON, TABLESPOON, TEASPOON, MUG, BOTTLE (specify volume) etc.

ID _____

Date: -----

4. Did you eat or drink anything else between these meals? Remember to record fruits, carrots, chips, corn, pop-corn, nuts, biscuits, cookies, chocolate, cakes, drinks, any other snacks.

☐ NO ☐ YES



Record or tell me everything you ate or drank between meals yesterday.

5. Between BREAKFAST and LUNCH

FOOD EATEN	AMOUNT	PREPARATION

6. Between LUNCH and DINNER

FOOD EATEN	AMOUNT	PREPARATION

7. Between DINNER and BEDTIME

FOOD EATEN	AMOUNT	PREPARATION

INTERVIEWER: _____

FOOD FREQUENCY QUESTIONNAIRE (SOUP & STEWS ONLY)

FOOD	NEVER	FEW TIMES A YEAR	1-2 TIMES A MONTH	1-2 TIMES A WEEK	3-4 TIMES A WEEK	5-7 TIMES A WEEK	2 OR MORE TIMES A DAY	QUANTITY OR PORTION SIZE EACH TIME
	NIL NO	RARE	OCCASIONS	SOME TIMES	OTHER DAY	DAILY	MANY TIMES	Spoon K1/K2/K3
Plain Vegetable								
Vegetable Tomato								
Plain Groundnut								
Groundnut Tomato								
Groundnut Vegetable								
Gnut Tomato Vegetable								
Plain Egusi								
Egusi Tomato								
Egusi Vegetable								
Egusi Tomato Vegetable								
Egusi Okra								
Plain Okra								
Okra Tomato								
Okra Vegetable								
Okra Tomato Vegetable								
Okra Vegetable Egusi								
Plain Ogbolo								
Ogbolo Tomato								
Ogbolo Okra								
Ogbolo Vegetable								
Ewedu Tomato								
Banga (Palm Sauce)								
Banga Tomato								
Banga Egusi								
Owo								
Pepper Soup Tomato								
Pepper Soup Native								
<u>List of Vegetables in Soup</u>								Do not state quantity as this is already expressed above with the soup. Just record how frequently they eat each type of vegetable (leaf) in the soup. List additional leaves used.
Green leaf								
Pumpkin Leaf								
Bitter Leaf								
Water Leaf								
'Red' Leaf								
Coco yam Leaf								
Sweet Potato Leaf								
Collard								
Spinach								
Mustard								
Baobab								

LIST ANY OTHER ADDITION AFRICAN FOODS.

(Describe the recipe in the lower part of this page)

FOOD	NEVER	FEW TIMES A YEAR	1-2 TIMES A MONTH	1-2 TIMES A WEEK	3-4 TIMES A WEEK	5-7 TIMES A WEEK	2 OR MORE TIMES A DAY	QUANTITY OR PORTION SIZE EACH TIME
	NIL NO	RARE	OCCAS SIONS	SOME TIMES	OTHER DAY	DAILY	MANY TIMES	
A								E1 E2
1								
2								
3								
4								
B								
1								
2								
3								
4								
C								
1								
2								
3								
4								
D								
1								
2								
3								
4								

RECIPES:

OTHER AFRICAN FOODS CONTINUE

FOOD	NEVER	FEW TIMES A YEAR	1-2 TIMES A MONTH	1-2 TIMES A WEEK	3-4 TIMES A WEEK	5-7 TIMES A WEEK	2 OR MORE TIMES A DAY	QUANTITY OR PORTION SIZE EACH TIME
	NIL NO	RARE	OCCAS SIONS	SOME TIMES	OTHER DAY	DAILY	MANY TIMES	
Palm wine Ogogoro/Burukutu								
Imported Alcohol Beer/Stout								
Goat meat Smoked pork/turkey Bush meat Can corned beef								A B C
Skin, Feet, Ears Tripe, Chitterlings								#
Sardines, Canned fish Smoked ice-fish Fresh ice-fish Fresh Fish Dry fish Stock fish Large Snail Periwinkles/little snails								# pieces/fillet #
Quaker Oats Corn Pap Millet flour pap Ekusu (corn cake) Agidi, Kenki Moimoi (bean cake) Akara (bean cake) Corn Boil /Roasted								Cups Model Wrap Wrap/cup # S/L # Cob
Yam Pounded Yam Cocoyam /Cassava boil Plantain boil/roast (G/R Fried Plantain (Dodo) Plantain/fried chips								# Y__ E1 E2 # Y__ # Whole # Whole/S1 # / Pkt